

Sample Tdap Tracking Form

(For internal use ONLY)

DATE: _____

Student Name: _____

Parent Name: _____

Parent's Address: _____

Teacher: _____

Date of 6th Grade Enrollment: _____

First day of School Attendance: _____

Immunization Review Date: _____

☐ Child in Compliance

☐ Child still needs Tdap Booster

Non-Compliance Letter Sent/Parent Informed of Law and Need for Child to Receive a Tdap Booster

DATE: _____

Follow up Phone Calls

DATE: _____

DATE: _____

DATE: _____

Immunization Review at 30 Days after the First Day of School Attendance

DATE: _____

☐ Child in Compliance

☐ Child still needs Tdap Booster

Suspension Letter Sent to Parent

DATE: _____

Suspension Date: _____

Immunization Certificate Presented Providing Proof of Tdap Booster

DATE: _____

Returned to School after Suspension

DATE: _____

